- Applications must be deemed complete at least TWENTY-ONE (21) days in advance of next meeting date.
- Review guidelines and procedural information.
 Fill form out <u>completely</u>. No request will be considered without a completed form.

Submit all supplements	porting documents and proof of payment.	
APPLICATION FOR:	VARIANCE CONDITIONAL USE	
	ZONING AMENDMENT PLAT/SUBDIVISION	
BRIEF DESCRIPTION	OF REQUEST: We would like to Pun an air	
BINB FROM	the apartment attached to our	
hase.		
PROPERTY INFORMA	ATION:	
CURRENT ZONING:	PROPOSED ZONING (if applicable):	
CURRENT LAND USE(S):	PROPOSED LAND USES (if changing):	
APPLICANT INFORM	IATION:	
	bert & Ashley Envey	
PROPERTY OWNER ADDRESS	: HO Patterson Way Sitka, AK 99835	
	RTV:140 Patterson Way Sitka, AK 99885	
APPLICANT'S NAME:A	shley Emley	
MAILING ADDRESS: 140	Patterson Way Sitka, AL 99835	
EMAIL ADDRESS: AM	MICH QAMAIL COM DAYTIME PHONE: (503)717-1016	
PROPERTY LEGAL DI	ESCRIPTION:	
TAX ID:	LOT:BLOCK:TRACT:	
SUBDIVISION: KINCE	US SURVEY:	
EMLEN	140 Patterson Way Sitka, AK 99°	835
Last Name	Date Submitted Project Address	

REQUIRED INFORMATION:		
For All Applications:		
Completed General Application for	rm	
Supplemental Application (Variance		
Site Plan showing all existing and p	proposed structures with dimension	s and location of utilities
Floor Plan for all structures and sho	owing use of those structures	
Copy of Deed (find in purchase do	cuments or at Alaska Recorder's Off	ice website)
Copy of current plat (find in purcha	ase documents or at Alaska Recorde	er's Office website)
Site photos showing all angles of story printed in color on 8.5" x 11" pa		ess, and parking — emailed to planning@cityofsitka.org
Proof of filing fee payment		
For Marijuana Enterprise Conditional Us	se Permits Only:	
AMCO Application		
For Short-Term Rentals and B&Bs:		
Renter Informational Handout (dire	ections to rental, garbage instructio	ns, etc.)
CERTIFICATION:		
General Code and hereby state that all of the best of my knowledge, belief, and profe cover costs associated with the processing conotice will be mailed to neighboring propert Planning Commission meeting is required for access the property to conduct site visits as	e above statements are true. I certi ssional ability. I acknowledge that p of this application, and does not ens ty owners and published in the Daily or the application to be considered f	desire a planning action in conformance with Sitka fy that this application meets SCG requirements to ayment of the review fee is non-refundable, is to ure approval of the request. I understand that public y Sitka Sentinel. I understand that attendance at the for approval. I further authorize municipal staff to a listed on this application to conduct business on my
behalf	•	
Owner		5- 5- 0 Date
Les Les		5-15-19
Owner		Date
true. I certify that this application meets SCO	G requirements to the best of my kr e is non-refundable, is to cover cost	and hereby state that all of the above statements are nowledge, belief, and professional ability. I s associated with the processing of this application,
Applicant (If different than owner)		Date
Last Name	Date Submitted	Project Address



Al	SHORT-TERM RENTAL OR BED AND BREAKFAST
	OTHER:
CF	RITERIA TO DETERMINE IMPACT — SGC 22.24.010(E) (Please address each item in regard to your proposal)
•	Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:
	Minimal traffic will be generated.
•	Amount of noise to be generated and its impacts on surrounding land use: The hojse will be Minimal.
•	Odors to be generated by the use and their impacts: NORMAL COOKING ODORS MALL BE PRESENT AT TIMES.
•	Hours of operation: Check in will be 3:00 pm - 10:00pm
	Check out is before 11:00 am
•	Location along a major or collector street: \(\bigcup \bigcup \)
•	Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: 200 to potenial
•	Effects on vehicular and pedestrian safety: Minimal to ho effects
Lact	t Name Date Submitted Project Address

Project Address

			,			
		-				
	that surface through pu ement, etc.):				170	ty, sarety,
)	3					
TOURIS	itiziv k mi	DR 1800	ostroj il	odustry	•	
he comprehe	nsive plan (CITE SPECIF	IC SECTION AND	EXPLAIN): <u>E</u>	ED 6.5	- SUPPOT	2ting
Relationship if	f the proposed condition	onal use is in a sp	pecific locatio	n to the goals, po	licies, and obie	ectives of
Presence of ex	kisting or proposed buf	ters on the site (or immediate	y adjacent the si	te: <u>Y 107U</u>	
or ha	se number.	•				
		7		little		
	, 7	7000		.,,		
off s	•	,	ř.		9	•
	ternal traffic layout: _	arking			,	
Logic of the in	treet po	There	is a	a driv-	,	

REQUIRED FINDINGS (SGC 22.30.160(C):

The granting of the a. Be detrimental to	proposed <u>conditional use</u> permit will no to the public health, safety, and general	ot: welfare because <u>TNL PENTAL</u>	
Unit is be foll h. Adversely affect	built to code of a	Inding vicinity, because it will	
c. Be injurious to t	he uses, property, or improvements adja	; nor acent to, and in the vicinity of, the site upon	
		home owners live	
on site.		;	
2. The granting of the pr	oposed <u>conditional use</u> permit is consist	tent and compatible with the intent of the	
goals, objectives, and pol	icies of the <u>comprehensive plan</u> and any	implementing regulation, specifically,	
conforms to Comprehens	ive Plan Section $ED \cup .5$	which states SUPPORT GROWTH	
	dependent, cruise-	-Related & heritage touriSM WOR	X
offers visito	es to Sitka a safe	of affordable place to: Stau;	
3. All conditions necessa	ry to lessen any impacts of the proposed	d use are conditions that can be monitored and	
enforced, because <u></u>	e bental listing	will follow applicable	
laws of sto	tutes set forth lo	by the city of Sitka.	
ANY ADDITIONAL (COMMENTS		
Applicant	\(\)	5-15-19 Date	
_ast Name	Date Submitted	Project Address	